## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED May 13, 2002 8:00 am Secretary of State

DOCUMENT # P0000056158  1. Entity Name					05-13-2002 90097 019 ***150.00			
DO NOT WRITE IN THIS SPACE!								
2. Principal Place o	f Pusings				•			
4420		2. Mailing Address 2. 4410 5. W	1. 77 ans	nere				
Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE			
DAUIS Fla		City & State	DAVIE. Fla-		4. FEI Number 65-01923	73	Applied For Not Applicable	
1°33528	Country USA	33328	Country	,	5. Certificate of Status Desir	red 🗆 \$8	3.75 Additional	
				7	. Name and Address of Cur		e Required gent	
DO NOT WRITE				Name DAN W. JONES				
			Street	Address (P.	O. Box Number is Not Accep	table)		
	IN THIS S	PACE		44%	20 S.W.	72 are	inul	
•			City	Aau	ie	FI	Zip Code	
8. The above named	entity submits this statement t	or the purpose of changing it	s registered office	or registered	agent, or both, in the State of	of Florida	32268	
	· X	Ten M	Land			_	1	
SIGNATURE	s, typed or printed name and gistered agen	it and title if applicable. (NO	TE: Kegistered Agent sign	nature required wh		30-02 DATE		
9. This corporation is	s eligible to satisfy its Intangibl	e January 13	May 1∦Fee Is \$1	50.00 = 1	温度			
Tax filing requiren (See criteria on ba	nent and elects to do so.	After May Amende	11: Fee is \$550.0 d UBR is \$61.25	10篇 4 年 1	10. Election Campaigr 新 Trust Fund Contrib		\$5.00 May Be Added to Fees	
11.	OFFICERS AND	Make Check Paya	ble to Departme	nt of State			Added to Fees	
TITLE D.	P.VA.T.S.		TITLE	1			<del>-  </del>	
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TREET ADDRESS		-	· STREET ADDRESS!	]	**			
3 I hereby certify tha	t the information supplied with	this filian done	. CITY-ST-ZIP			4		
indicated on this re of the corporation	t the information supplied with eport or supplemental report is or the receiver or trustee emp	tries filling does not qualify for true and accurate and that m	the exemption stat y signature shall h	ed in Section ave the same	n 119.07(3)(i), Florida Statutes e legal effect as if made unde	<ol> <li>I further certify that oath; that I am an</li> </ol>	at the information officer or director	
attachment with an	or the receiver or trustee empirate address, with alrother like em	powered.	as required by Ch	napter 607, F	iorida Statutes; and that my i	name appears in Bi	ock 11 or on an	
SIGNATURE:	/\an b	V. Jones	The	ideny	1	01111 51	0 (200	
	SIGNATORE AND TYPED OR PE	INTED NAME OF SIGNING OFFICER O	R DIRECTOR	aray	Date	759/52 Daytime P	0.6/7X	